

David J. Wright, DDS

www.doctordavewright.com

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

To provide you with the best treatment and safest possible care, please take a moment to fill out this health form.

Physician \_\_\_\_\_

Tel # \_\_\_\_\_

Pharmacy, tel # \_\_\_\_\_

Do you presently, or have ever had:

- Yes No
- Tooth sensitivity
  - Are you unhappy with your smile
  - Bad breath
  - Mouth breather
  - Dry mouth
  - Bleeding/ tender gums
  - Gum treatment or surgery
  - Cold sores/ blisters in mouth
  - Orthodontics (braces)
  - Pregnant right now?
  - Glaucoma
  - Congenital heart condition
  - Infective endocarditis
  - Artificial heart valve/ pacemaker
  - Cardiac transplant with valve problem
  - Blood disorders (anemia, leukemia, etc.)
  - Bleeding abnormally with tooth extractions/ surgery
  - High/low blood pressure
  - Serious illness/major surgery
  - Radiation/chemo treatment
  - Cancer
  - Inflammatory diseases (arthritis/rheumatism)

- Yes No
- Artificial joints/ prosthesis
  - HIV / AIDS
  - Hepatitis Type \_\_\_\_
  - Stomach/ digestion problems
  - Kidney problems
  - Liver problems
  - Back problems
  - Diabetes
  - Stroke
  - Nervous disorder (cerebral palsy, etc.)
  - Mental disorder
  - Seizures
  - Fainting/dizzy spells
  - Epilepsy
  - Respiratory problems
  - Asthma
  - Emphysema
  - Tuberculosis (TB)
  - Smoke/ chew/ snuff tobacco
  - Recreational Drug Usage
  - Drug/ alcohol problems
  - Head or whiplash injury
  - Sinus trouble/ pain
  - Clench/Grind teeth
  - Clicking/popping of jaw
  - Pain/soreness in the muscles of your jaw/ face/ around ear/ neck/ shoulders
  - Headaches or migraines

- Yes No
- Snoring
  - Jaw gets stuck open or closed
  - Limited opening of your jaw
  - Jaw goes to one side when opening
  - Pain or difficulty when chewing
  - Difficulty swallowing
  - Ear stuffiness
  - Ringing in the ears
  - Pain or pressure behind eyes
  - Under physician's care
  - Taking any medications/ supplements (please list below)
  - Taking any Bisphosphonates (Actonel, Fosamax, Boniva)
  - Allergies to medications/ substances (penicillin, codeine, amoxicillin, aspirin, erythromycin, latex)
  - Sensitivity to latex or metals
  - Have you been told to take antibiotics before dental visits?(see changes 4/07)
  - Is there anything else we should know about your health?
- PATIENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_
- DENTIST SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Health History Updates:  
Date: \_\_\_\_\_

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Medications currently taking:

NOTES: \_\_\_\_\_  
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